BEST AVAILABLE COPY

pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			28					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2- Tminus 20=		. 5			X\$ 9=		OR	X\$18=	90.00
INDEPENDENT CLAIMS			5 minus 3 =		2			X40=		OR	X80=	166:00
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	(WV
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2		TOTAL		OR	TOTAL	0/000
CLAIMS AS AMENDED - PAF (Column 1) (Colu						CMALL CATITY					OTHER THAN SMALL ENTITY	
		CLAIMS		HIGH		(Column 5)	1 r		ADDI-	or I I		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	-
	Independent	*	Minus	***		=		X40=	,	OR	X80=	
Ĺ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM		J	+135=		OR	+270=	
								TOTAL	<u>.</u>	OR	TOTAL	
ADDIT. FEE												
	الاستانات	(Column 1) CLAIMS			mn 2) IEST	(Column 3)	1 .		455:			400
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	COL 4314	=		X40=		OR	X80=	
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
	, ·						L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
		CLAIMS		HIGH	HEST		1		ADDI-			ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	•	Minus	**		=] [X\$ 9=		OR	X\$18=	
Ä	Independent	*	Minus	***		=		X40=		^D	X80=	<u> </u>
<	FIRST PRESENTATION OF MULTIPLE DEPENDEN				T CLAIM]	7,40=		OR		
					#OF:			+135=		OR	+270=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
	The # lishest No	amber Previously I	aid For (Total c	r Indonen	dant\ ie th	e highest numb	her fo	und in the an	nropriate bo	x in co	olumn 1.	